

**Aga Khan University  
School of Nursing and Midwifery  
Post RM BScM Programme**

\_\_\_\_\_

Name

\_\_\_\_\_

Application Number

Dear Referee

The above named student has applied for admission to our Post RM BScM programme. In order to be fair to all our candidates, we are requesting you to complete this evaluation form to help the admission committee in making a decision.

S.#	Criteria	Excellent	Good	Average	Fair	Poor	NA*
1.	<b>Communication skills:</b> (written and oral communication including ability to express ideas, clarity of presentation)						
2.	<b>Leadership ability:</b> (responsibility, accountability, planning, organizing, delegating tasks, coordination)						
3.	<b>Midwifery knowledge and skills:</b> (technical skills, application of knowledge, problem solving, judgement and decision making)						
4.	<b>Interpersonal relationship</b> with patients, peers, and other authorities						
5.	<b>Commitment to the nursing profession:</b> (motivation, positive attitude, participation in professional activities, professional; development)						
6.	<b>Overall Rating</b>						

\*NA: unknown, unable to evaluate

7. To what extent do you support this applicant?

Highly recommended  recommended  recommended with reservations  not recommended

8. Please explain the reasons as indicated in (7) above and any additional comments about the candidate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please add a separate sheet if necessary)*

9. How long have you known this candidate and in what capacity: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

**Note:** we would appreciate if you could seal and mail this letter in the enclosed envelope by **June 17, 2020**. Your support is requested as without this, the candidate's application will not be processed for final selection.

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First Fold

Office of the Registrar  
The Admission Office  
School of Nursing and Midwifery  
Aga Khan University  
P.O Box 3500  
Stadium Road  
Karachi

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Please ensure that this address can be seen through the window of the envelope

Second fold